Views from Funding Agencies:

The National Institute on Aging

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The Behavioral and Social Research Program (BSR) of the National Institute on Aging (NIA) is committed to supporting research on the impact of characteristics of and interrelationships between the changing structure, culture, and process of health care delivery on the health of older people. Research intended to increase the knowledge base about health care organization and social and behavioral characteristics that facilitate or impede better health-related outcomes for an aging population is of interest as is research on the social, behavioral, and organizational antecedents of health care use. Outcomes focusing upon clinical signs or symptoms, well-being, physical, social, and behavioral functioning, health-related quality of life, and satisfaction with care, as suggested by the Institute of Medicine (IoM)[1] are all of interest to NIA. Research supported by BSR consistently uses theoretical and conceptual frameworks drawn from the social and behavioral sciences to study factors that influence the organization of health care services, the behavior of individual and organizational providers, and the response of older people who use these services.

Changes in the organization and financing of health care, combined with the unique health care needs of the growing U.S. older population, are altering many features of health care delivery for both providers and patients.[2,3] Older persons are particularly affected by health care

organizational change because of their greater vulnerability to comorbidity and changing social circumstances that affect their functioning and independence. In turn, increasing size, longevity, and ethnic and racial diversity of the older population have potentially dramatic implications for the delivery of health care services and the system within which these services are delivered. Critically important is the increasing enrollment of elders into health maintenance organizations (HMOs). By 1998, about 16% of Medicare beneficiaries were enrolled in Medicare prepaid plans.[4]

The necessity of acquiring scientific evidence about the impact of these changes on the delivery of care for the elderly under various delivery arrangements is evident. Research findings based upon comparisons of managed care and fee-for-service medical care vary for specific diseases or symptoms, care settings, patient characteristics, and the components of patient satisfaction being investigated.[5-13] Inconsistent research findings regarding outcomes and satisfaction when comparing managed care with fee-for-service settings may result in part from using underspecified and less than fully elaborated models for examining the relative impact of health care organization.[14,15] As a result, NIA notes the need for research that tests reformulated conceptual frameworks of health care organization and delivery, examines the contribution of individual components of the health care delivery system on patient outcomes, and studies the complex interactions between changing health care systems and the needs of aging persons in an aging society. Questions regarding which specific components of the system, singly or interacting with other structural or procedural elements, is lacking in the literature.

Reports from panels of experts convened by NIA,[16] IoM,[1] the Agency for Health Care Policy and Research,[14] and AHCPR jointly with NIA[17] propose research agendas on aging, aging and primary care, health outcomes for older people, and managed care, respectively. These documents as well as published research findings in ***Medical Care*** and other leading scholarly

sources, underscore the complex, multi-faceted nature of emerging research issues on health care delivery and health-related outcomes for older Americans, as well as the need for exploring new conceptual frameworks to guide research. Many stress the importance of isolating those organizational characteristics impacting health care delivery for older populations differentiated by race, gender, and socioeconomic status. NIA asserts that it is time to implement these various research agendas. The challenge, of course, is in studying the "moving target" of an evolving health care system and the changing health care needs of older patients. Both the system and the changing needs have evolved more quickly than researchers' conceptualizations. At the same time, purchasers and aging consumers are playing increasing roles in driving system changes.[18]

To understand and ultimately impact the delivery of health services for older Americans, the Behavioral and Social Research Program of NIA has the unique mission of encouraging research which specifies social organizational components of the health care delivery system and patient characteristics that differentially affect clinical, behavioral, and social outcomes. Examples include:

- research that reflects differences within and between managed care organizations as well as more traditional delivery systems. Conceptual frameworks will require integrative and multi-

disciplinary models[14] while controlling for the potential role of selection bias and differences between consumer and provider definitions of quality care. To this end, research must isolate and measure those features of health care organization, provider behavior, and patient needs that affect the health status, health-related quality of life, and satisfaction with care as defined by older persons. Further, analysis of the provision of health care for older persons must examine chronic care episodes across multiple sites and involving numerous actors. Included in this area is research on outcomes associated with movement between and characteristics of various delivery settings such as ambulatory care, continuity of care communities, hospitals, nursing homes, and hospices.

- research that examines changing patient/provider relationships in the delivery of health care services to older persons. The changing nature of health care organization has far-reaching implications for patient-provider relationships. While the patient/physician dyad is critical and deserves further investigation, the patient-provider relationship is far more complex, particularly in the care of older persons. Patient care involving chronic disease and comorbidities prevalent in the elderly occurs across time (a variable too often ignored), across multiple providers and settings, and can involve relationships with teams of providers and lateral rather than hierarchically structured care. Patient/provider interaction, where the provider is the system and its components, has been under studied. Therefore, research is required to fully explicate not only the relationship between all levels of providers, from individual physician to systemic characteristics, but between providers attempting to assure continuity of care, reasonable and

patient desired health outcomes, and the satisfaction of older persons who must navigate transitions between care components.

- research that examines the implications of the often abrupt transition to managed care for older persons. The growing number of older persons enrolling in Medicare HMOs or using HMOs and its variant forms as Medigap insurance, raises questions about enrollment decisions, the quality of the services received, the reaction to services provided, and the long-term effects on health status. Managed care enrollment may represent a substantial change in usual source of care having implications for health-related outcomes, satisfaction, and even success in "appropriately" using the system. Because the effects of moving to a managed care environment may be more significant for less healthy Medicare beneficiaries, longitudinal studies are needed to address its differential implications.[19]

- research is needed on the effect of the availability and use of preventive, health maintenance, and health promotion services on older persons. With an increasing life span, easing of functional limitation, and delay of morbidity, the maintenance of health-related quality of life becomes a significant outcome to which health care delivery services must increasingly attend. The extent of disease prevention, health maintenance, and health promotion services provided to the aging patient population by different types of health care organizations, and the resultant clinical and behavioral outcomes, are important areas for investigation.[20]

The research agenda suggested here is one of several areas of interest at NIA, and has received growing attention among the community of social gerontologists and health services researchers. With its unique mission to direct and sponsor research on aging and the life course, NIA invites investigators with expertise in health services research to apply that body of knowledge, set of theoretical principles, and methodological expertise laterally to the delivery of health care services for the aging population. NIA, as one of the National Institutes of Health, uses a full range of research support mechanisms, from pilot studies in selected areas (RO3s) through the major research funding structure provided by RO1s and Program grants. Additionally, research funds are available for career awards and training programs in the area of the social determinants and consequences of the delivery of services to aging populations. NIA is committed to research on minority and gender issues and encourages the submission of applications by racial, ethnic, and gender minority investigators.

Finally, we invite you to visit the NIA website (www.nih.gov/nia) or contact us directly for additional information (301/402-4156) or Sidney_Stahl@nih.gov.

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